

Prescreening Tool Health and Safety Assurance

This tool can be used as a first step to determine how an individual can be appropriately supported once receiving waiver services. The Prescreen is intended to save time for individuals, families, and persons and identify any health or safety issues that must be addressed in the individual's Plan of Care.

If health or safety issues are identified, it is the responsibility of providers to analyze what all of the supports that are available to assure health and safety along with progress toward identified objectives.

1) Indicate individual's residential setting: ☐ Lives alone ☐ Lives with others

2) Does the individual have a routine voluntary caregiver(s)? Yes ☐ No ☐

3) Indicate whether individual presently requires direct support staff be trained in special health care procedures (e.g., ostomy care, positioning, and certain adaptive devices).

☐ Yes ☐ No

4) Select the response that best describes the individual's wheelchair mobility. If the individual does not use a wheelchair, please indicate.

- ☐ Individual does not use a wheelchair
- ☐ Can use a wheelchair independently, including transferring
- ☐ Can use a wheelchair independently with assistance in transferring
- ☐ Requires assistance in transferring and moving
- ☐ No mobility (must be transferred and moved)

Note: If the individual uses a wheelchair and requires assistance in transferring and/or moving, or is not mobile, the provider must ensure that the individual can be evacuated from their residence in case of emergency. Examples of possible assurances are the presence of personal emergency response systems and/or voluntary caregivers. For some individuals, a personal emergency response system, may adequately address the safety issues. The provider must address how the individual is to be evacuated from their residence in case of emergency.

5) Indicate the frequency of each behavior over the last twelve months:

Runs or wanders away

☐ None ☐ Occasionally ☐ Monthly ☐ Weekly ☐ Frequently ☐ Daily

Eats inedible objects

☐ None ☐ Occasionally ☐ Monthly ☐ Weekly ☐ Frequently ☐ Daily

Displays behavior of a sexually offending or predatory nature

☐ No Occurrences ☐ Occasionally ☐ Monthly ☐ Weekly ☐ Frequently ☐ Daily

Legend

No Occurrences	Behavior not displayed
Occasionally	Less than once per month
Monthly	About once per month
Weekly	About once per week
Frequently	Several times per week
Daily	Once a day or more

Note: An answer on any of these items (other than “No Occurrences”) means the provider must address the issue in the MAPS and ensure that the issue can be addressed through program services or supports

6) Indicate the frequency of each behavior over the last twelve months:

Individual either intentionally or unintentionally does not follow rules about electricity, fire, water, tools, traffic, interacting with strangers, or hazardous physical situations like broken windows or open trenches.

☐ None ☐ Occasionally ☐ Monthly ☐ Weekly ☐ Frequently ☐ Daily

Individual either intentionally or unintentionally threatens to do harm to self, others or objects.

☐ None ☐ Occasionally ☐ Monthly ☐ Weekly ☐ Frequently ☐ Daily

Note: A positive response to either item (other than “No occurrences”) must be addressed in the MAPS.